U S Department of Labor Office of Labor-Management ↓ Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
1 File Number U 10502	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Edgar E Newsome	Name Operating Engineers Local 324	
	Labor Organization File Number 019-088	
PO Box Bidg Room No if any	P O Box Building and Room Number if any	
Street 37450 Schoolcraft Suite 110	Street 37450 Schoolcraft Suite 110	
City Livonia	City Livonia	
State Michigan ZIP Code +4 48150-1082	State Michigan ZIP Code + 4 48150-1082	
5 Position in labor organization Business Agent		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name, if any		
PO Box Bidg Room No if any	7 b Amount.	
Street		
City		
State ZIP Code +4		
Signature		
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)		
Signed Edgar Hew Som	On 8-15-05 734-4623660 Date Telephone Number	

Name of Person Filing Edgar Newsome	Fite Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name BeneSys Inc Trade Name if any P O Box Bldg Room No If any Street 2075 W Blg Beaver City Troy	9 Business deals with X a Labor Organization b Trust c Employer	
State Michigan ZIP Code + 4 48084 10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name if any P O Box Bidg. Room No if any	Provides clerical administrative and computer services as a Third Party Administrator to the Union and the Fringe Benefit plans	
Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing \$1 000 000 12 a Nature of interest held or income received Dinner at IUOE Annual Meeting in Florida	
	12 b Amount \$250	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	14 a Nature of payment.	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	